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AUTHOR Wood, Sally M.; And Others
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ABSTRACT

The FamiliesFirst project in Davis, California is a child abuse prevention project designed to keep abused children safely at home. During the first year of operation, FamiliesFirst provided in-home prevention services to 59 children in 26 families referred by county Child Protective Services as an alternative to out-of-home placement. Therapists, carrying a caseload of two families each, provided intensive treatment in the families' homes for a 4- to 6-week period. A comparison group of 24 Child Protective Service-referred families with 49 children received usual county services. Families were interviewed at intake and again one year later. The two groups were evaluated on cost, on whether of not the children stayed at home, and on psychological measures of family functioning. The results revealed that abusive and neglectful families who received in-home services were able to keep their children home more often than were families who received traditional services alone. The in-home intervention did not put experimental group children at more risk for further abuse or neglect, as measured by a need for later placement, than children in the comparison group. The one-year follow-up data indicated that the goals of reducing out-of-home placement and lowering placement costs were being met. (Author/NB)

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In-Home Treatment of Abusive Families:

Cost and Placement at One year

Sally Wood, Ph.D. University of California, Davis, CA

Keith Barton, Ph.D. University of California, Davis, CA

Carroll Schroeder, M.S. FamiliesFirst, Davis, CA

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In-Home Treatment of Abusive Families:

Cost and Placement at One year

Abstract

This is a preliminary report on a child abuse prevention project designed to keep abused children safely at home. In-home prevention services were provided to 59 children in 26 families referred by county Child Protective Services as an alternative to out of home placement. Therapists, carrying a caseload of two families each, provided intensive treatment in the families' homes for a 4-6 week period. A comparison group of 24 Child Protective Service referred families with 49 children received usual county services. One year follow-up data indicate that the goals of reducing out-of-home placement and lowering placement costs are being met.

Mental health professionals have used a number of home-based services to families to prevent or reduce children's out-of-home placement. The assumption has been that receiving professional help in their own home gives family members a chance to solve their problems and change to the extent that further separation and disruption and more costly services are avoided (Maybanks & Bryce, 1979; Bryce & Lloyd, 1981; Kaplan, 1986). The major advantages are: a) that services can be tailored to fit the family's situation, b) the setting gives the mental health professional optimal information about the family, and c) families who would not be able to complete a schedule of clinic appointments can be reached. One investigator (Jones, 1985), in her review of 17 preventative service programs (not all home-based), has developed a program categorization based on the approach used. Comprehensive Social Work Services (CSWS) programs involve counseling and social services provided directly and through referral. Service planning/interagency contracting (SP/IC) programs plan and monitor the delivery of services by other agencies, and Counseling/Psychology programs work with families and individuals to modify behavior, and refer to other agencies to provide the bulk of social services.

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Correspondence concerning this article should be addressed to Sally Wood, University of California, Davis, Department of Applied Behavioral Sciences, A.O.B. IV, Davis, CA, 95616.

Home based programs generally fall into the Comprehensive Social Work Services (CSWS) model or the Counseling/Psychology model. Proponents of both models claim that out-of-home placement is reduced and, while admitting the programs are expensive, maintain money is saved in the long run because fewer children need placement. (Burt & Balyeat, 1977; Kinney, et al., 1977; Halper & Jones, 1981; Carroccio, 1982; Cautley & Plane, 1983; Showell, et al., 1983; Hinckley, 1984; Heying, 1985; Jones, 1985; Kagan, Schlosberg & Reid, 1986; among others.) Other programs did not show a reduction is placement (Magura, 1981) or showed costs not offset by reduction in placement (Dennis-Small & Washburn, 1985).

Problems in research design and methods of estimating projected placement costs make comparisons between preventative services and regular services difficult. Magura (1981) points to referring workers' and therapists' inability to predict which children will go into placement or which families will have children removed and finds that when the cost of all additional services are included (e.g., homemaker, medical, case worker time), and the cost of all out-of-home care (not just institutional care) is considered, prevention programs are more, not less costly that traditional services. Jones (1985) cites the lack of comparison or control groups in the majority of studies, the "brief and unsystematic" way in which follow-up efforts identified children who ultimately entered placement, and the inadequate reporting of client and program characteristics.

Two of the six CSWS programs which included control or comparison groups showed the control group having a lower placement rate than the preventative services group. As of this writing (1987) there are no reports of C/P programs with control or comparison groups. Cost estimates of out-

of-home placement have been based on the assumption that all referred children in the preventative services group will go into placement. Some investigators estimate the cost using social worker assessments of what type of facility the child will need (e.g., foster, institutional) and others take an average of placement costs and duration for the geographic location. The existing studies reporting control or comparison groups for CSWS programs indicate clearly that not all children so targeted end up in placement; reports range from 11% to 23%. Assuming an average cost and duration for those children not entering placement can be extremely misleading. According to information compiled by the California State Foster Care Rate Bureau, costs for out-of-home care can range from $294 a month for non-specialized foster care to $4713 a month for institutional care. Two groups with 20% of children in each group going into substitute care might differ widely in the type of placements the children require. It could be argued that children involved with preventative services have made emotional and behavioral gains and these children who have to be placed out-of-home require less specialized, therefore less costly, placements. It could be just as easily argued that the children who still need placement after having gone through a preventative services program have problems severe enough to warrant the most expensive institutional placement. More study is needed in this area.

Follow-up of children is another challenge in abuse prevention research. County and state data banks track children who are still living in the geographical area and are still in placement. It is harder to track children who are living at home, whose families have moved, whose cases are closed, or who have shifted from one service agency to another (e.g., from

child welfare services to the juvenile justice system). Some investigators have relied only on phone calls or visits to families to determine placement outcome. This is quite appropriate to determine the meaning to family members of the services offered, or the activities individuals perceived as helpful or not helpful, but becomes problematic when it is the only check on placement status.

The FamiliesFirst Study

The home-based, intensive service project discussed in this paper, and carried out by FamiliesFirst in Davis, California, in conjunction with the University of California, Davis, fits into the Counseling/Psychology category and is based on the homebuilders model (Kinney, 1977, 1978; Haapala & Kinney, 1979). Families referred were at risk of having at least one child placed out-of-home. M.A. level therapists, available 24 hours a day for a 4-6 week period, worked with a maximum of two families at a time and provided help in practical matters of living, family therapy, and liaison with schools and other community services. Therapists received weekly individual and group supervision from the program director. Child abuse and neglect was approached as a family problem that required a family solution.

The Families

Fifty families in which at least one abused or neglected child was in danger of being removed from the home were referred by Child Protective Services staff. Twenty-six of the families, with 34 referred children and 25 siblings received FamiliesFirst's home based services as well as other county services. The other twenty-four families with 32 referred children and 17 siblings received usual county services and made up the comparison

group. The determination that a child was abused or neglected and the decision to refer for home based services was made by county social work staff. The goal was to form a comparison group of families whose circumstances were very similar to the FamiliesFirst group, but for whom space was not currently available in the home based program.

Families came from both urban and rural areas of a large northern California county. Approximately half of the families had received some form of financial aid from the county during the year prior to referral; the others ranged in income from working poor to affluent. Seventy-two percent of the mothers were white, 15% black, 9% Asian and 4% Hispanic in origin. This is compared to a total county population of 69% white, 12% black, 11% Hispanic, and 7% Asian. Fifty-seven percent of the children referred were boys. There were no significant differences between families receiving home-based services and comparison group families on percentage receiving financial aid, ethnicity, sex of referred children or reason for referral. The referred children in the in-home services group were older (M = 8.9 years) than those in the comparison group (M = 5.4 years), $t(59.8) = 2.79$, $p<.01$. The average age of children going into foster home placement in 1984 was 10.0 for the state as a whole and 10.7 for the county reported in this phase of the study. Thus the children in the in-home services group may have been more likely to go into placement than the children in the comparison group. These figures are for foster home children only; children who are placed in group homes, as were some children in both groups, tend to be older still.

Method

The two groups were evaluated on cost, on whether or not the children stayed at home, and on psychological measures of family functioning. Families were interviewed and administered FACES II and Files at intake and one year later. Home based service families were interviewed by their therapists at intake; the majority of other interviews were carried out by research assistants. Data on family dynamics will be analyzed when the second 50 families complete a one year period.

Researchers based placement data for each referred child and sibling on both a family report and a corresponding county financial record. When there were discrepancies, researchers reviewed clinical records and interviewed social workers to obtain accurate information. Inaccuracies in family reports seemed due to confusion about the actual date a child entered placement, or reluctance to tell a former therapist who had worked hard to keep the family together that a child had gone into placement. Researchers also double checked control group family placement information. Social acceptability appeared to be a motive in this group as well; one couple reported accurately that the referred children were at home but did not mention three older siblings who were in placement.

Financial records, while usually the most accurate source of placement information, were not error free. There was a several month lag time between a child's placement and the corresponding financial adjustments entered on the data file. Cases in which a child was placed with a relative could be verified through financial records only if the relative was receiving support for the child. Approximately 10% of the cases were investigated because of conflicting initial reports upon whether or not a

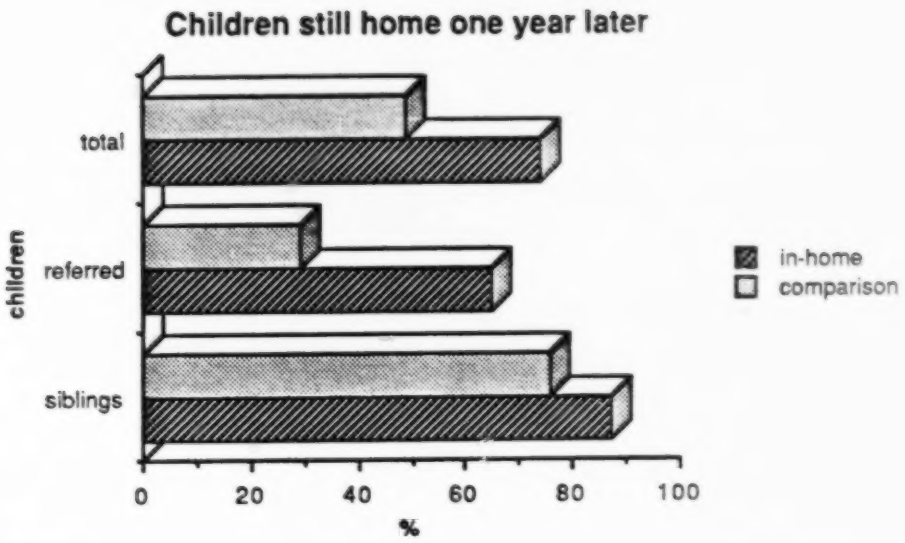
Children still home one year later
total
referred
siblings
children
0
20
40
60
80
100
%
in-home
comparison

Figure 1

child had entered placement. While time consuming, and thus costly, the resulting record is an accurate one.

Results

Providing child abusing families with in-home therapists for a four to six week period of intense treatment kept most children safely at home. At the end of the year 74% of children in the in-home services group, but only 45% of children in the comparison group were able to stay at home, χ^2 (1, N = 107) = 8.33, $p<.01$. When the children were divided into referred children and siblings it was possible to see that referred children, not siblings, were placed out of home more frequently as seen in Figure 1, χ^2 (1, N = 66) = 6.11, $p<.01$ referred children, χ^2 (1, N = 4) = 89, n.s.for sibs. The in-home services intervention was not a solution for all families; 35% of the referred children and 12% of the siblings who received in-home services were placed out of their homes at sometime during the year following the intervention. It is interesting to note that while referred children were placed out of home and their siblings were able to remain, in no case in either group was a sibling placed out of home and a referred child allowed to remain.

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Insert Figure 1 about here

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Placement costs during a one year follow-up were lower in the in-home services group, (Mann-Whitney U, U = 1053.5, $p<.01$). Careful analysis of county warrants revealed that $176,015 was spent for out-of-home placement for 49 (32 referred children, 17 sibs) comparison group children during the year following the first interview, while $47,833 was spent for the 59 (34

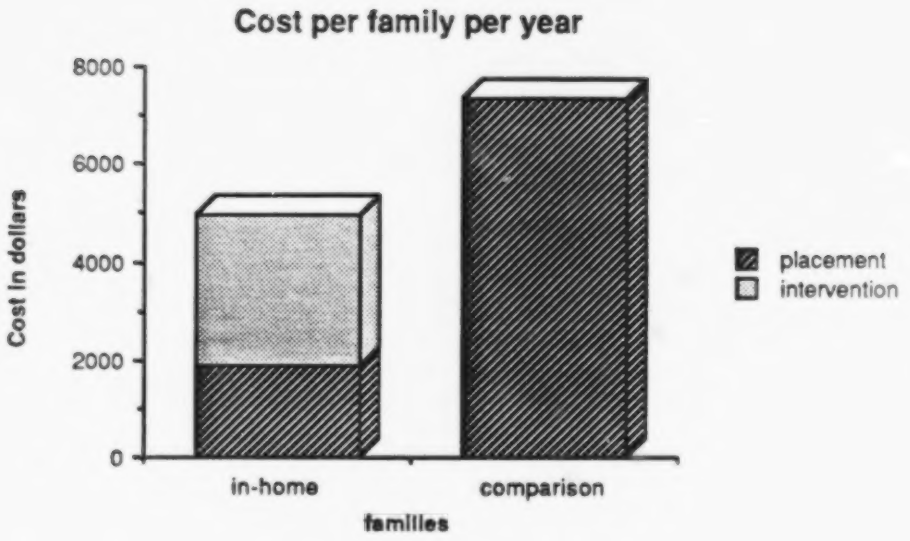
Cost per family per year
8000
6000
4000
2000
0
Cost in dollars
in-home
comparison
families
placement
intervention

Figure 2

referred children and 25 sibs) children whose families received in home services.

The cost per family of in-home vs. conventional services can be seen in Figure 2. Average placement costs per family were $7,334 for the comparison group and $1,913 for the in-home services group. The placement costs per referred child were significantly higher for the comparison group children, with the comparison group averaging $3,583 per referred child per year and the in-home services group averaging $823 per referred child per year, (Mann-Whitney U, $\underline{U}$ = 358, $p<.01$). However, there was no significant difference between groups in placement costs once children were actually placed out-of-home, (Mann-Whitney U, $\underline{U}$ = 184.5, $p<.64$). Children in the in-home services group did not enter cheaper or more expensive placements than did children in the comparison group; rather the difference in cost is due to fewer of the children in the in-home services group going into placement.

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Insert Figure 2 about here

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The data available to us were not adequate for a cost benefit analyses,and we cannot draw final conclusions about the long term cost effectiveness of the in-home intervention used. Nonetheless it is important to report the cost of the intervention. The average per child cost of the in-home services was $1,304, and the per family cost was $2,960. These figures are the result of dividing the total service costs - $76,950 - by the number of children and number of families served, and do not reflect actual differences in the time individual therapists and families required. On the average, the combined in-home intervention and placement costs for

the experimental group were $1,404 less per child and $2,343 less per family than the placement costs for comparison group children.

The in-home intervention did not put experimental group children at more risk for further abuse or neglect, as measured by a need for later placement, than children in the comparison group. During the year after the in-home intervention 15 of 59 (26%) of the children were later removed, as compared with 14 of 49 (29%) of the comparison group children. The difference in rate of placement showed up initially, with none of the in-home services children, but 12 (25%) of the comparison group children, being removed from home at intake and remaining for the year.

Discussion

Abusive and neglectful families who received intensive, short term in-home services were able to keep their children home more often than families who received traditional county services alone. Costs for out-of-home placement, based on warrants for children's placement, were significantly lower for the in-home services group during the following year. While similar results have been reported by others, the careful checking of both placement status and financial records in this study help to validate earlier claims.

A stronger case could be made if families and children had been assigned to the in-home services group or the comparison group randomly, rather than by default, i.e., lack of space in in-home program. In addition, informal field interviews with county social workers who were able to refer families to in-home services brought to light workers and supervisors who had biases for or against in-home services, or for or against particular families. For example, no referrals were received from

one unit where the supervisor, despite the efforts of the clinical team, did not believe in the program. On the other hand, many referrals came from several units where supervisors were enthusiastic supporters. Although the requirements for entry into the in-home program were simple - a referred child in danger of being placed out-of-home - at least several social workers developed rather elaborate assumptions about which families were best candidates for in-home services, and referred on their own notions of "fit."

While both placement costs, and cost of the intervention as presented in this article are accurate and striking, we have not been able to present a complete picture. Hopefully future studies will incorporate the answers to such questions as: "How much administrative time and other supportive county services (mental health, home makers, tutoring, etc.) do the families in each group require?" "What is the quality of life enjoyed by children and adults in these families?" "While the rate of children re-referred is similar in both groups, are incidents leading to re-referral more painful or dangerous in one group?" Until these and like questions can be answered, we are hesitant to ascertain that one approach is "cheaper" or "more cost effective" than another.

Despite these drawbacks - and they are more usual, than not, in child abuse prevention research - there is a difference in the number of children placed out of home in the two groups. It is possible that, stated simply, keeping the family together helps to keep the family together. The major differences in rate of placement for children in the two groups occurred shortly after intake. Children in the comparison group tended to be removed at this time; children in the in-home services group were not. After the

first several months children were re-referred at approximately the same rate (29% for the comparison group and 26% for the experimental group) and went to out-of-home placements at similar costs.

Providing a therapist who comes into the family home, understands family members' problems and lifestyle, and acts upon the belief that the children can remain safely at home seems to create a "second chance" for everyone involved. County Child Protective Services staff feel safe enough about the children's welfare to let them remain at home while the therapist is working intensively with the family. The family members are given an opportunity to stay together and solve their problems together. The in-home therapist, who has been spared the frustrating experience of watching the family's violence and disorder increase over time, is ready to look at how the children might remain with their parents, rather than why they must leave home. Family members do not experience distress and relief at the child's removal and then a long or short period, depending upon the speed in which suitable placement is located for the child, of adjustment to the child's absence before attempting to solve family problems. Rather they are encouraged to muster their resources immediately to incorporate and care for the child. A family may benefit from an in-home therapist introduced several times during their period of child rearing. There are no data to indicate that a family who is successful with an in-home therapist one year would not be successful when a problem arises the next.

This is not to say that there are no situations in which children should be removed from their homes; there are times when this is the safest and best course of action for all concerned. But these cases are probably a

smaller minority than has been generally accepted. For the majority, keeping the family together is the best way to help the family stay together.

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